



SPIRIT of Lacrosse

School Sessions Reporting

SPIRIT Program Instructors Information

Name: _____ Phone #: _____

Email: _____

School Name: _____

School Address: _____

City: _____ School Contact: _____

Session #	Session Date	Start Time	End Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SESSION INFORMATION

Session #	Grade	# of Students	Male	Female	Indigenous
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The BCLA would like to report the successes of this program, so we would like to ask you to please fill out this form to the best of your ability. Together we can help teach and grow our amazing sport.